

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 8, 2002.

I. DISPUTE

Whether there should be additional reimbursement for CPT code 00630 for date of service 8/29/01.

II. RATIONALE

- CPT code 00630 – Denied as “N – Not appropriately documented. A patient with severe systemic disease. Documentation to support charges not submitted”. Requestor billed the respondent \$880.00 for CPT code 00630-P3; the modifier P3 indicates a patient with a severe systemic disease. The amount requested in the table of disputed services was \$385.00; the respondent paid \$350.00 leaving a balance of \$35.00 in dispute. Per the 1996 Medical Fee Guideline, Anesthesia Ground Rule (I)(C)(1), the use of TWCC modifiers may be appropriate and require DOP. The submitted anesthesia record does not support the physical status modifier; additional reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 00630-P3.

The above Findings, Decision and Order are hereby issued this 16th day of October 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf